OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	x : Μr.		First Name:	William		Middle Name:						
	Last Name: McKain								Suffix:				
Title:	tle: County Manager												
Complete Address:													
Street1: 436 Grant Street													
Street2:													
City: Pittsb			urgh			State:	pa: Pennsylvania						
Zip / Postal C		Code:	9: 152192111			Country:	USA: UNITED STATES						
Phone I	Phone Number		412-350-5300				Fax Num	ber:					
E-mail A	Addre	ss:	William.McF	William.McKain@alleghenycounty.us									
Payee: Individual authorized to accept payments.													
Name:		x : Μr.		First Name:	Keith			N	/liddle Name:				
	Last	Name:	Horner						Suffix:				
Title: Finance Manager													
Complete Address:													
Street1: 542 Fourth Avenue													
Stree	t2:					Г							
City:						L	PA: Pennsy	lvania					
Zip / Postal Code:			15219			Country: USA: UNITED STATE			res				
Phone Number:			412-578-808	39	Fax Number:								
E-mail Address: Keith.Horner@alleghenycounty.us													
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).													
Name:	Prefix	χ: Mr.		First Name:	Keith			ı	/liddle Name:				
	Last	Name:	Horner						Suffix:				
Title: Finance Manager													
Comple	te Ad	dress:											
Stree	t1:	542 Fc	urth Avenue	9									
Street2:													
City:	[Pittsk	urgh		State:	PA: Pennsy	lvania						
Zip / Postal Code:			15219			Country:	Country: USA: UNITED STATES						
Phone Number:			412-578-808	39			Fax Numb	oer:					
E-mail Address:		ss:	Keith.Horne	Keith.Horner@alleghenycounty.us									

EPA Form 5700-54 (Rev 4-02)

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

									,				
Name:	Prefix: Ms.		First Name:	Jayme					Middle N	Name:			
	Last Name:	Graham							S	Suffix:			
Title:	Project M	anager											
Complete Address:													
Street1: 301 39th Street													
Street2:													
City:	Pitts	urgh			State: PA: Pennsylvania								
Zip / Postal Code:		15201			Count	ry: [SA: UNI	TED STAT	ES				
Phone I	Number:	412-578-81	29			<u> </u>	ax Num	ber:					
E-mail A	Address:	Jayme.Grah	am@allegheny	county.us									